

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 20, 2001 08:00 AM****Secretary of State****DOCUMENT # L99000005368****1. Entity Name**  
ORLANDO CHEEBURGER, L.L.C.

Principal Place of Business	Mailing Address
15951 MCGREGOR BLVD STE 2-A FORT MYERS FL 33908	15951 MCGREGOR BLVD STE 2-A FORT MYERS FL 33908

2. Principal Place of Business	3. Mailing Address
15951 MCGREGOR BLVD Suite, Apt. #, etc. STE 2-A City & State FORT MYERS FL	15951 MCGREGOR BLVD Suite, Apt. #, etc. STE 2-A City & State FORT MYERS FL
Zip 33908	Country

4. FEI Number	Applied For
59-3602299	Not Applicable

5. Certificate of Status Desired	Additional Fee Required
<input type="checkbox"/>	\$5.00

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
KANOUSE KEITH J PENINSULA EXECUTIVE CTR, STE 270 2385 EXECUTIVE CENTER DRIVE BOCA RATON FL 33431	Name KANOUSE KEITH J Street Address (P.O. Box Number is Not Acceptable) ONE BOCA PLACE, 2255 GLADES ROAD SUITE 324 ATRIUM, PMB#1070 City BOCA RATON FL Zip Code 33431

**8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.**

SIGNATURE	DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	04/20/2001

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

9. MANAGING MEMBERS / MEMBERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ZICARI BRUCE 15951 MCGREGOR BLVD., UNIT 2-A FT MYERS FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.**

SIGNATURE:	DATE
Bruce Zicari	04/20/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date	Daytime Phone #

CR2E083 (11/00)